



CITY OF SANTA BARBARA

RENEWAL APPLICATION FOR TAXICAB DRIVER PERMIT (Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Applicant must submit the following documents, completed and signed where applicable:

- | | |
|--|--|
| <input type="checkbox"/> Renewal Application face sheet | <input type="checkbox"/> Drug test (NIDA, or 10-panel) |
| <input type="checkbox"/> Arrest History signed | <input type="checkbox"/> Alcohol test (BAT) |
| <input type="checkbox"/> Authorization to Release signed | <input type="checkbox"/> 2 Passport-sized Photos |

All items must be submitted to the Police Technician at 215 E. Figueroa St.
Appointments are recommended and may be made by signing up in person in the
Police Department lobby.

Renewal Fee: \$100 if paid by expiration, or **\$200 for Late Renewal** paid after the
expiration date of current permit. Cash or check only; credit cards not accepted.

Please complete the following:

| | | |
|---|---------------------|--------------------|
| Applicant's Full Name: | | |
| Name As Listed On CA Driver's License (if different): | | |
| Current Permit Number : | Current Permit Exp: | |
| Residence Address (include street, city, and zip code): | | |
| | | |
| Mailing Address, if different (include street, city, and zip code): | | |
| Email | | |
| Phone Number: | Date of Birth: | |
| Current Taxicab Employer or Business Name: | | Cab # |
| CA Driver's License Number: | Expiration: | Social Security #: |

Applicant's signature indicates that he/she understands that if any information herein is misrepresented, incomplete, or omitted it may be grounds for denial.

Applicant's signature

Date

Police Technician's recommendations:

Initials: _____ Date: _____

POLICE CHIEF or DESIGNEE:

Upon review, this application is: ☐ DENIED ☐ APPROVED-1 YR ☐ APPROVED-2 YRS

Signature: _____ Title: _____ Date: _____

☐ VDX ☐ GUS

Date Stamp - Received

Finance File #

City Stamp/Paid

**\$100 Renewal Fee
OR
\$200 LATE Renewal**

Police Dept I.D. #

New Exp:

☐ CLU ☐ Permit Log

Date Permit Issued/Mailed:

Date sent to Finance:

Applicant Photo

ARREST HISTORY

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Failure to **list all arrests and citations** may result in a denial of your application. This page **MUST** be completed. If there is no arrest history, write "NONE" or "N/A".

| Date | Place (City and State) | Reason (Violation) |
|------|------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Are you currently on:

| | | |
|--|--|----------|
| On probation? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Charges: |
| On parole? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Charges: |
| Required to register pursuant to Penal Code section 290 (sex registrant)? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Signature (Permit Applicant)

Date

The Police Technician verbally verified with applicant that:

☐ applicant's answer is "none" OR ☐ applicant listed complete/entire arrest history

Police Technician Initials _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF SANTA BARBARA, POLICE DEPARTMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (Permit Applicant's Name)

Signature (Permit Applicant)

Date